Iowa Division of Labor Athletic Commission

150 Des Moines Street Des Moines, IA 50309-1836 Phone: 515-725-5620

MMA

Fax: 515-281-7995 athletic.iowa.gov athletics@iwd.iowa.gov

Promoter Event Form

This form must be submitted 30 days prior to the event.

prior to the c

Boxing Amateur

Kick Boxing Pro-Am Indoor Event Outdoor Event

Professional

atmetics@iwa.iowa.	gov		IXI	CK DOXIIIG	•	I O-AIII			IIIu	1001 1	- veiit		Ot	itaooi	LVCIII	
PROMOTER																
-				Promoter name on bond				Promoter representative na				ame Phone number				
Address				City					State	Zip Email			ail add	l address		
EVENT																
Date	name										Time					
													AM PM			
Address			(City								State	Zip			
MATCHMAKER																
Name Address				City					State Zip			Zip		Phone number		
IGHTER MEETING																
Location address					City							Time	ne AM PM			
PHYSICAL																
Physician name Addre					City				/					State	Zip	
Phone number	Email add	ress			-	Time	И	PM	Place					I		
Address	1				(City								State	Zip	
WEIGH-IN																
Name of official					Phone number				Date Tim				Time	e AM PM		
Address					(City								State	Zip	_
REFEREES (2 Require	d)															
Name				Phone num	Nam						Phone	number				
ΓΙΜΕΚΕΕΡΕR (1 Requ	ired)															
Name				Phone num	Nam	ne							Phone number			
UDGES (3 Required)	l															
Name				Phone number		Name								Phone number		
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MERGENCY MEDICA	AL SERVICES	S – Rule	e 177.2(1	 0) – Email or	letter	from a	mbula	nce	service	includ	ing nan	ne of	EMT	 attendin	g event	
Name of ambulance service				Phone nur										State	Zip	
AW ENFORCEMENT	AND SECU	RITY FI	IRM – Ru	le 177.2(6)											_1	
Law enforcement Phone number				· · · · · · · · · · · · · · · · · · ·			curity firm name							Phone number		
CLEANING BETWEEN	ROUNDS -	- Rule 1	177.2(11)						Dh a s -							_
Name							Phone number									